Engelmann (Geo. J.)

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Reprint from the St. Louis Medical and Surgical Journal.

1877.

W. P. KREMER, PRINTER, 816 NORTH EIGHTH STREET.

ST. LOUIS, MO.

EARLY PREGNANCY

SIMULATING ACUTE UTERINE AND CIRCUMUTERINE* INFLAMMATION.

BY GEO. J. ENGELMANN, M. D.

I have recently observed a class of deceptive, but fortunately rare, cases which are exceedingly liable to mislead, and in which an error in diagnosis will at least greatly protract the temporary suffering of the patient, if it does not result in serious and lasting injury.

These cases generally occur at a period of gestation, in the first and second months, when it is often impossible to determine even normal pregnancy with certainty, and as in them pregnancy is accompanied by all the symtoms of acute inflammation of the uterus and its appendages, the difficulty of diagnosis is greatly increased. Since not only the general practitioner, but skilled specialists have been perplexed by the deceptive symptoms of these strange cases I will briefly outline one of the more characteristic ones.

On the seventh of February last I was called to see Mrs. M., whose friends seemed exceedingly anxious as to her

*I have used the term *circumuterine* in place of the hybrid *periuterine* which is philologically incorrect and technically confusing.

In the first place the combination of Latin and Greek, when wholly unnecessary, should not be tolerated. Secondly, as to the technical application, *periuterine* inflammation or cellulitis is generally used synonymous with *parametritis;* yet verbatim *periuterine* inflammation means *perimetritis* under which term we comprehend a different disease.

I trust that *periuterine* will be discarded for the more correct and appropriate *circumuterine*.

condition. I found the patient a slender, nervous brunette of more than medium height with pale, anxious facies, and quite weak, as she had been unable to retain anything on her stomach for several days, and the excessive pain had prevented sleep. She complained of nausea persistent vomiting, of intense back-ache, a burning feeling and pain in the hypogastric region which at times became excessive, apparently paroxysmal, dysuria, constipation and vaginal discharge; her menses, previously regular,she had last had from the fourth to the twelfth of of December, 1876.

I found the skin moist, the temperature somewhat above the normal, pulse feeble and rapid, the hypogastric region sensitive to the touch, especially so the left, which showed some tumefaction, and, on percussion, exquisite tenderness, and slight dulness.

The uterus was somewhat enlarged,as it is often found in acute or in chronic metritis,not very resistant,anteverted moveable and sensitive to pressure in bimanual examination. The vaginal portion was somewhat tumefied, the mucosa relaxed,but its color scarcely deepened and almost normal like that of the vagina, the discoloration in both being no more than was to be expected from the copious vaginal and cervical discharge, and the apparent inflammatory condition.

The external os appeared as a circular depression and was surrounded by ugly looking erosions. The breasts were neither enlarged nor painful.

The history of the patient developed some important facts:

An actress by profession; thirty-eight years of age; she had been married twenty years; had been delivered of seven children at term, and suffered two abortions; was always sick with nausea and vomiting during pregnancy, and each menstrual period was also preceded by nausea and vomiting with distension and tenderness of the epi-

gastric region; the condition which was described by me at the September meeting of the American Gynæcological Society as one of the more remarkable of the menstrual hystero-neuroses.

Her courses ceased in November, 1873, while Mrs. M—— was living in Cincinnati; in the beginning of December, her suffering began with uterine colic, nausea and vomiting; and toward the end of the month, menorrhagia and severe hypogastric pain set in. Patient then sought medical advice, and was treated with narcotics, blisters, poultices, etc., notwithstanding which the pain, especially hypogastric, and epigastric increased, menorrhagia and nausea continued so that for three weeks she vomited all nourishment, and even sedatives that were given her until on the th of February a small, macerated embryo was expelled; thennausea and vomiting at once ceased, but the manipulation necessary for the removal of the membranes was followed by pelvic cellulitis from which she finally recovered; menstruation returned, attended by the same hystero-neurosis of the stomach. Early in December, 1876, the menstrual flow again ceased. January 1, 1877, she was seized with a severe attack of vomiting, which lasted throughout the day, then gradually became less annoying, though the patient was continually nauseated until towards the end of the month, when her suffering increased and she was able to retain but very little on her stomach; since the early part of January she also suffered more or less with pains in the side and back, and hypogastric pains, which at times were paroxysmal, becoming very severe.

The history suggested pregnancy; the symptoms as well as the examination indicated parametritis confined more especially to the left broad ligament, ovary and side of the uterus, complicated as it often, I may say generally, is with pelvic peritonitis, parenchymatous metritis, endo-metritis, and uterine displacement.

The diagnosis was doubtful. Fearing pregnancy as a complication, I did not introduce the uterine sound, nor was I willing to make any local application to the apparently inflamed membrane of the cervix, as I dreaded cellulitis.

The treatment consisted of warm applications to the abdomen and powders of bismuth, soda, and opium, alternating with calomel and rhubarb.

At my next visit, February the eighth, I found the condition unchanged; although the calomel had acted freely and the applications were faithfully continued as long as they could be borne by the exquisitely sensitive abdomen, the hypogastric pain remained equally severe. Beef-tea, brandy, and even ice and the bismuth powders were rejected by the stomach.

Local applications to the hypogastrium and sedatives effecting no improvement, I was inclined to suspect the symptoms as merely reflex, and to seek the exciting cause in the uterus.

A second careful examination merely confirmed the points already established; pelvic cellulitis seemed unquestionably present, yet I still suspected pregnancy, with nothing but the suppression of the menses to justify the belief.

Determined to satisfy myself as to this point, and to remove the offending contents of the uterus if present, I introduced the sound. A medium sized probe (Martin's) entered easily to the depth of almost three inches, causing some pain as it passed the internal os. I rotated the sound somewhat, and followed it with the dilator. A drop or two of blood, but no amniotic fluid escaped, and I concluded by touching the erosions with iodine.

On the following day, February ninth, some beef-tea and brandy was retained by the stomach, and being still in doubt as to a conception I intended to introduce a sponge tent, but was obliged to cease all treatment, as the patient—an actress—notwithstanding my protesta-

tions, feeble as she was, was obliged to go to a neighboring city, fifteen miles by rail, to perform before the pleasure seeking community! While on the stage on the evening of the eleventh she suffered intense pain, and profuse hæmorrhage set in. On the twelfth, the pain not being diminished, still vomiting and bleeding, she returned to St. Louis, at times overcome by fainting spells, and early on the morning of the thirteenth an embryo* one and a half inches in length, the product of a seven week's conception, was passed, followed after several hours by a piece of the decidua probably from the anterior wall of the uterus.

Nausea and vomiting ceased at once, the pain, sacral and hypograstric, grew rapidly less; in short, all the threatening symptoms before observed soon disappeared, food was relished and digested, urine was freely passed, some little tenderness remained above the uterus but the hypogastrium was free from pain, and even the left iliac region showed no sensitiveness on deep pressure.

The recovery was a rapid one considering the debilitated condition of the patient,due to incessant vomiting and the profuse hemorrhage when forced to leave her bed.

This case, as it appeared to me on my first examination of the patient on the seventh of February, presented all the subjective and objective symptoms of the first stage of parametritis (pelvic cellulitis), with the usual complications of endometritis and perimetritis (pelvic peritonitis), nausea and vomiting, back-ache, hypogastric pain more marked in the one apparently tumefied side, a sensitive, somewhat enlarged uterus discharging the endo-metritic fluid, the fever, however, but slight; on the other hand, characteristic signs of pregnancy were wanting with the exception of the cessation of the menstrual flow. This entire group of symptoms, as proved by the termination of the case, was due to conception,

*The embryo could not have been dead but a very short time. It was fresh, well preserved, and seven, almost eight weeks old, with fingers and toes developed.

the development of the ovum in a hyperæsthetic uterus—mere pelvic and gastric hystero-neurosis of pregnancy.

Two equally deceptive cases are mentioned by that eminent obstetrician Fleetwood Churchill among a number cited in his recent paper on retention of the ovum after the death of the fœtus. (*Dublin Journal*, lxi; pp. 455. May, 1876.)

In one case, finding a somewhat enlarged uterus, and an eroded os, he treated the patient for endometritis, and after the lapse of three weeks was surprised to observe profuse menorrhagia, followed by expulsion of a macerated fœtus.

In another the enlarged uterus with the absence of any signs of pregnancy whatever, led him to suppose the tumor due to an interstitial or polypoid fibroma until the introduction of the sound induced labor pain and again the expulsion of a macerated fœtus, as in the other case.

A careful analysis is necessary in such cases on account of the difficulty of diagnosis. I have already alluded to the questionable certainty of determining even normal pregnancy in the second month, and here we find it complicated with perplexing nervous symptoms closely simulating inflammation.

In my case I was assisted in the diagnosis by the history given me of the previous similar but very much prolonged sickness followed by expulsion of a fœtus which had been dead for some time and by my study of the hystero-neuroses, as I have called those nervous conditions dependent upon uterine disorders.

The diagnosis once established the treatment is simple and naturally follows. In milder cases hydrate of chloral should be given per rectum to allay the nervous symptoms, but if this does not succeed, we must resort to those more energetic measures which I would recommend at

once in all more severe and threatening cases, the probe or the tent to hasten the expulsion of the ovum, after which speedy recovery may be expected.

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